St. James Medical Practise

Patient Participation Group

Minutes of Meeting 17th September 2025

1.Present- Brian Thompson, Julia Bateson, Derek Hunter, Dominic Burke, Ian Gutteridge,Jane Chase, Jasmine Fulcher, Nina Stewart, Penny Hipkin, Roger Smith, Stella Gutteridge, Janet Taylor Wendy Border, Tony Porter, Practice Team, Natalie Johnson, (Deputy operations manager) Alison Boykew (Care Coordinator Lead), GP Dr Nelicia Wijeyawardene.

2.Apologies- Anne Lemmon, Margaret Worledge, Jill Fysh

3.Minutes 2024 AGM
These were taken as read, proposed (JF) and seconded from the floor.

4.Election of officers.
There being no offers for posts from the floor it was proposed and seconded that the present committee continue in post.

5.Chairmans address
Six meetings were held during the year, and three guest speakers were welcomed and addressed the group on a variety of topics relative to health issues. Members had volunteered to help with Winter Flu Clinics. There had been a Xmas cake sale and tombola event, and the chairman thanked the Practice staff for their co-operation and help in staging this.

6.Treasurers report

SG. gave details of the account which were: - **Balances** £340.83

Treasurers questions / comments

Members mentioned their appreciation of the bench seat in the car park and there was a general discussion about holding a fund-raising event in the Spring or Summer several suggestions were made, and the group will consider these.

SDG mentioned that the accounts will need slight amendment as the income from the winter cake stall had not been highlighted. She will make the necessary adjustment and resubmit to Kathy / Natalie for approval.

8.Practice update.

The practice attendees gave details of recent staff changes which had taken place.
Dr Geraldine Obienchina Chinenyenwa started in July doing 6 sessions a week and another doctor has been appointed who will also work 6 sessions a week.

Dr.Bellows has also joined with the result that the practice now has a full team and is managing appointments well with patient numbers now at 18500.

Some Minor surgery procedures will be carried out by Dr. Wells.

The AI system is operating well being able to help with reading letters, pick out problems and file results.

The home visiting team for housebound patients is working well and telephone appointment requests before 10.30am are usually seen the same day.

The Spire Clinic is to open in the area formerly known as the Eden Suite on 29th September 2025.

Alison talked about the "Visit your pharmacy First "programme which is recommended for the treatment of common minor conditions which don't need a GP appointment. The scheme is not widely known about and the average wait time to see a pharmacist is about 10 minutes at Boots Hardwick store. Leaflets detailing the conditions for which pharmacists can consider were handed out and it is being widely advertised.

Winter Flu jabs clinics are being held on 4th and 11th October and a rota has been set up for PPG members who volunteered to help.

Patients are being encouraged to use the NHS app if they are able. Patients can order prescriptions and see results of blood tests as well as make appointments for a covid vaccination where they are eligible this year. The practice will not be doing Covid vaccinations this year,

Questions were asked about the signage in the practice and the difficulty of hearing at the reception desk due to the glass screens Both of these matters are being looked at.

IG also mentioned that he had received feedback regarding the seating in the first floor waiting area as it is possible to hit ones head on the rail whilst sitting down on the chairs in front of the glass partition. AB and NT will review this.

9**. Hospital Report.**

A general discussion took place about the QEH ranking in the Oversight Framework. Whilst members were naturally disappointed with the QEH being ranked last in the table as Theresa pointed out in her report, which was sent to members, it was noted that this did not in any way criticise the nursing staff or the quality of care that patients receive.

TB's report (See below) had been circulated prior to the meeting for members information. PH did mention that she had experienced a few issues as a patient that reflect quite badly on the care received in some instances.

AOB

Members felt that the group should put a Christmas cakes and tombola event on again and it was noted that in 2024 there were fewer cakes. It was also felt that offering slices of large cakes rather than the whole cake might be more suitable.

IG / NT / AB will look into dates for this.

There being no further business the meeting closed at 5.45pm.

QEH Hospital Report September 25

QEH Ranking in National Oversight Framework

As reported on Tuesday 9th September, QEH was ranked in 134th place, last in the table. This was given much negative media coverage, quite unfairly, especially as all the Norfolk hospitals had very low rankings, together with some very large and important hospital trusts in other parts of the country. This is likely to alarm many West Norfolk residents but it is most important that this ranking is put into some kind of perspective, and explained to the general public.

QEH's ranking at the bottom of the table is likely to alarm the West Norfolk public unnecessarily and it is vital that PPG members, and our patients, understand how the league tables were formulated.

They **do not** reflect quality of care or staff in any way. They only use the following MEASURABLE data:

- Financial position (this is regarded as the most important)-
- **Waiting** times for Cancer Care diagnosis and treatment, A and E, elective surgery, ambulance handover times
- Flow and discharge of patients (time spent in hospital before they can be discharged) and readmittance rates-Safety of patients with regard to MRSA, E Coli and C- Difficile infections
- Staff turnover.

Many important public bodies have expressed concern at the way the tables were formulated and the inclusion of specialist hospitals in the list which make up almost all the top 20. These hospitals have high numbers of very specialised staff, lower numbers of patients with complex conditions, and shorter waiting times, given that they are national referral centres, rather than regional hospitals. They do not have A and E departments and they are not in financial difficulties.

The league tables do not, on the whole, look at the quality or success of care given. So instead of rating the care, treatment, or quality of the doctors or nurses, the hospital is merely rated on *how long it takes to see them*. Patients may choose to wait longer to see a particular consultant and this will be included in the failure figures.

Only **27** hospitals (20%) were placed in segments 1 and 2 (high performing/above average) and **107** trusts (80%) are in segments 3 and 4 (below average / low performing). So, 4/5 of trusts are deemed to be substandard by the Government.

Norfolk and Norwich (**111**) and James Paget Hospital (**129**) were in category 4 with scores fairly close to that of QEH, and some of the most important trust groups in the country – Birmingham Hospitals Trust (**127**), Liverpool Hospitals Trust (**115**), Coventry and Warwickshire University hospitals Trust (**132**), among other notable hospital trusts -are near the bottom of the table.

Moreover, just as with the discarded and much criticised OFSTED schools' ratings, if a Trust fails in ONE important category they cannot be rated any higher than 3 (under average). The same happened in schools where a school could be good in every category but if they failed in one (e.g., finance or attendance rates) they could only be rated as 'requiring improvement'. It didn't matter how good the teaching was! The same applies to hospitals. **If they have financial difficulties but are high in many other categories they must still be placed in category 3 or 4.**

QEH was actually rated 2 (in segment 2) for **patient satisfaction rates, and** between 2 and 2.9 for **patient safety infection rates**, again placing it **above average** for those. These scores reflect far more the **care quality**. Moreover, QEH's most recent CQC rating was GOOD. This again reflects **quality of care**.

It is unfair to compare hospitals that are unlike each other and no consideration is taken into account of the nature of the population - in West Norfolk there is a high proportion of elderly patients and Care Homes, diabetics, and deprivation etc.. These impact on A and E, and waiting times significantly.

Encouraging staff to come to, or remain in, West Norfolk is also a major problem. Highly qualified staff, with ambitions to be senior nurses or consultants, tend to move to Cambridge or the South East.

My recent reports have flagged up QEH successes, such as its innovative joint replacement programme, the excellent Breast Care dept, the elderly and Stroke wards, the award-winning Research dept, Peddars Way end of life ward, and the new Frailty SDEC among many others. The QEH has also recently achieved the status of a Teaching Hospital and this can only be awarded to hospitals after rigorous and lengthy examination..

As a governor, I took part in a recent Quality Assurance Visit to inspect two wards. These visits take place all the time, throughout the hospital, and they are rigorous, following a complex series of criteria to be judged and taking at least 2 hours to complete. The wards are given no advance warning. The two wards our teams inspected were found to provide outstanding quality of care, with patients and relatives declaring that their care had been excellent, and the staff were very dedicated and well organised indeed. Moreover, since the media report, QEH has received an overwhelming level of positive support both on social media and directly face to face. Patients, on the whole, express nothing but praise although everyone acknowledges that waiting times need to be brought down.

It is important to put these matters into context as PPG members and SJMP may may be approached by worried patients. They can be reassured that the general level of care is good but, obviously, we have to work on lowering the waiting times for patients to be seen or discharged. The Norfolk and Waveney University Hospitals Group is now taking the following urgent action to remedy the problems:

- A financial recovery plan
- Additional consultants in the Emergency Department and plans for an urgent treatment centre in 2026
- Boosted diagnostic and cancer capacity
- Improved hospital flow, working with NHS best practice sites

It is hoped that these measures will greatly improve our rating although there is much debate nationally about just how useful these tables are. A similar system, put into place in 2000 was abandoned in 2010 as not fit for purpose so we shall see.

Hospital News:

- A patient safety learning event was held on World Patient Safety Day and a two-week Sepsis awareness event and Deteriorating Patient workshops have been held for all clinical staff during September
- Operation Seemore has been launched at the beginning of September. This is a focussed 12-week programme to help QEH see more patients, resulting in a reduction of waiting lists, financial waste, and increased efficiency. The

programme will focus on booking all available outpatient slots, and on reducing DNAs (Do not attend) and late cancellations which create wasted opportunities to treat other patients.

- The QEH is celebrating an exceptional achievement in clinical research as they reach a major milestone in a large-scale clinical trial on hip fracture treatment. The Trust has now successfully recruited 100 participants to the

POP-I (Perioperative Iron and EPO intervention) study, making them the fastest team in the country to reach this milestone. This important study aims to improve recovery outcomes for a particularly vulnerable patient group and the Trust's recruitment success has firmly positioned QEH as a leader in this important research area.

- The League of Friends has funded a new LifeStart Resuscitator Trolley, costing £12,250. This portable state of the art machine will allow clinicians to deliver immediate resuscitation and care to newborns at their mother's bedside, even with the umbilical cord still attached. Currently, the unit uses a large sized standing neonatal which meant that the cord had to be cut and the baby transferred for treatment.
- Healthwatch Norfolk has published a report highlighting the importance of maternity volunteers who gather feedback from patients in all 3 trust hospitals and uses it to improve care. The report concludes that the work of the volunteers is highly valued and valuable.
- The QEH's THRIVE programme (focussing nurturing and supporting on early-career healthcare professionals in the NHS) is a finalist in the prestigious 2025 Nursing Times Workforce Summit and Awards. Winners announced in November.

- The paediatric psychology service has been recognised for its excellence by its inclusion in the Flourish Awards, for people and organisations making an outstanding difference to children and young people's lives in Norfolk. The specialist service at the QEH has, in three years, transformed the lives of children living with epileptic and non-epileptic seizures.

Site News:

The refurbishment of the Macmillan unit continues and it is hoped that it will reopen by 19th September.

Weekly Operational Update @ 12/9/25

Emergency Care:

- 4 -hour performance was 62% with non-admitted performance at 74.8% and admitted 23.5%
- Average of 255 attendances per day
- Average ambulance trips 64 per day with 63.1% taking place within 30 mins. 14 handovers took 4+ hours.
- 55 Patients were awaiting a supported discharge / 273 UEC discharges from core wards

Elective

- Elective waiting list has reduced to 28,631. Patients waiting longer than 52 weeks has reduced to 624
- Referral to Treatment position stands at 57%

Diagnostic and Cancer Services:

- The 28 Faster Cancer Diagnostic decreased to 69.37%
- 31-day performance increased to 89.2%
- 62-day performance is 49.58%
- Number of patients waiting over 62 days is 207

I would like to finish this report on a personal note. During the August Bank holiday, I had to take my husband to A and E at 3.30 am on Sunday morning, with an acute infection, a temp of 39.6C, and all the signs of sepsis. He was seen in less than 15 minutes and started emergency treatment in 20 minutes. Despite the bank holiday, he was seen by a consultant about 4am, and a medical team around 6.30. am. The decision was to admit him but no bed was available for a very long time. Nevertheless, the care he received on A and E throughout his stay was exemplary, and similarly when he was transferred to the ward where he was seen every day for 4 days by a medical team. He had excellent care and I cannot fault a thing. The wait in A and E was unavoidable and, no doubt, included in failure statistics but it is the quality of care that matters. Be reassured....